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12/01/2005 CMOLLISH 00000001 502207 10056994

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1 Fee

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:



Date: November 18, 2005

By:

Maureen Golob

Maureen Golob

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

TONY DOY

APPLICATION NO.: 10/056,994

FILED: January 24, 2002

FOR: SINGLE SUPPLY HEADPHONE DRIVER/CHARGE PUMP COMBINATION

EXAMINER: CHOE, HENRY

ART UNIT: 2817

CONF. No: 3530

ATTORNEY DOCKET NO.: 59305-8089.US01

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Transmittal of Response to Notice of
Non-Compliant Amendment under 37 CFR 1.121

Sir:

Applicants transmit the following enclosures:

- ☒ Response to Notice of Non-Compliant Amendment;
- ☒ Information Disclosure Statement After First Office Action;
- ☒ PTO Form 1449 and 11 cited references; and
- ☒ Return postcard.
- ☒ Applicants believe that there is no fee due; however, the Commissioner is authorized to charge any required fees or credit any overpayment to Deposit Account 50-2207. A duplicate of this authorization is enclosed for that purpose.

FEE ONLY

Respectfully submitted,
Perkins Coie LLP

James R. Hannah

James R. Hannah
Registration No. 56,369

Date: November 18, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/056994

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	11/23/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	23	Minus ** 20 = 3
Independent	*	6	Minus *** 6 = -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$50=	150.
X200=	
+360=	
TOTAL ADDIT. FEE	150.

PAID

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	